



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

MARCH 27, 2012

ALL COUNTY LETTER NO. 12-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: RELATIVE AND NONRELATIVE EXTENDED FAMILY MEMBER
ASSESSMENT/APPROVAL; REVISED AND NEW SOC FORMS FOR
NONMINOR DEPENDENT PLACEMENT

REFERENCE: CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 22, DIVISION
6, CHAPTER 9.5, SUBCHAPTER 1 AND ARTICLE 3; WELFARE AND
INSTITUTION CODE (W&IC) SECTIONS 309(d), 319(f), 361.3, 361.4,
11400(v), and 11403; ALL COUNTY LETTER (ACL) NO. 11-69 AND
NO. 11-77; ALL COUNTY INFORMATION NOTICE (ACIN) NO.
I-40-11; ASSEMBLY BILL (AB) 12 (CHAPTER 559, STATUTES OF
2010); AB 212 (CHAPTER 459, STATUTES OF 2011)

The ACL provides counties with information and instructions regarding the forms used for the assessment of a prospective or existing relative or nonrelative extended family member (NREFM) caregiver.

Please note: Counties should rely only upon ACLs, ACINs, County Fiscal Letters or other guidance issued by the California Department of Social Services (CDSS) as the communications of program or fiscal policy. Information shared from other sources, trainings, conferences or similar forums are offered as general overview helpful to practice.

Legislation enacted under AB 12 created the Extended Foster Care (EFC) Program; this program allows a foster youth over age 18 and up to age 20 to remain in care and receive foster care benefits and services if the individual meets the participation criteria.

A young adult who remains under the jurisdiction of the court in EFC after age 18 is referred to as a nonminor dependent (NMD). For more information regarding EFC, please see ACL No. 11-69, No. 11-77 and No. 11-85, and ACIN No. I-40-11.

As a result of the creation of the EFC Program, statutes and regulations pertaining to standards for the assessment of a relative/NREFM caregiver were amended, necessitating the creation of two new forms specific to the assessment of a relative/NREFM when the caregiver is being considered for placement of a NMD. Additionally, the existing *SOC 815 (Approval of Family Caregiver Home)* has been revised to pertain to an assessment concerning both a minor and nonminor dependent.

The two new forms are:

- *Checklist of Health and Safety Standards for Approval of Family Caregiver Home-Nonminor Dependent (SOC 817NMD)*; and,
- *Relative or Nonrelative Extended Family Member Caregiver Assessment-Nonminor Dependent (SOC 818NMD)*.

These two new forms are to be used for assessing a relative/NREFM caregiver for placement of a NMD; the existing *SOC 817* and *SOC 818* are not to be used when assessing for placement of a NMD. The *SOC 817* and *SOC 818* are to be used when relative/NREFM assessment concerns a minor dependent.

The *SOC 815* and the two NMD *SOC* forms should be used when *initially* assessing a relative or NREFM to care for a NMD or when *reassessing* a current relative or NREFM caregiver of a NMD. It is not necessary to execute a new *SOC 815* and complete the *SOC 817NMD* and *SOC 818NMD* when a minor dependent in placement with a relative or NREFM caregiver enters EFC (there is no break in dependency; the minor reaches 18; enters EFC). However, the *SOC 815*, *SOC 817NMD* and *SOC 818NMD* must be completed at the next scheduled reassessment. Because the new foster family home (FFH) NMD regulations establish caregiver responsibilities that are quite different from the FFH regulations for minor dependents, it is strongly recommended that the county ensure that the continuing relative/NREFM caregiver is given a copy of the new regulations and is made aware of the agreement statements contained on the *SOC 818NMD* when the young adult in care enters EFC.

The effective date of these forms is January 1, 2012; however, mandatory use of these forms is effective the date of this ACL. Please ensure that the January 2012 (1/12) version of the *SOC 815*, *SOC 817NMD* and *SOC 818NMD* are used from that date for assessment or reassessment of a (prospective) relative and NREFM caregiver when placement concerns a NMD. The new 1/12 version of the *SOC 815* must be used from the date of this ACL for all minor dependent related relative/NREFM assessments.

NOTE: In the situation where a relative or NREFM is being assessed for simultaneous placement of a minor dependent and a nonminor dependent (or multiples thereof), it is permissible to complete one SOC 815; however, a separate SOC 817 and SOC 818 (for the minor(s)) and a SOC 817NMD and SOC 818NMD (for the nonminor dependent(s)) must be used. As is currently permitted, one SOC 817 (or SOC 817NMD, as applicable) may be used for multiple dependents; a separate SOC 818/SOC 818NMD is required for each dependent. It should be noted that a caregiver could “pass” the assessment and be approved for one dependent but not the other based on the different assessment criteria.

The SOC 817NMD

The SOC 817NMD form serves the same purpose as the existing SOC 817 in that it records the assessment of a (prospective) caregiver home in meeting health and safety standards based on the new FFH Article 3 interim regulations specific to a NMD (Section 893161 through 893187). It should be noted that some of the existing FFH Article 3 regulations that are applicable to a relative/NREFM assessment concerning a minor dependent also apply when doing an assessment concerning a NMD, and some are different.

The form is to be completed by a county child welfare services, probation or tribal agency worker. Like the SOC 817 form, the SOC 817NMD form contains each assessment standard and lists the pertinent regulation section. When the (prospective) caregiver home fails to meet any standard for which a documented alternative plan is not permitted or where a corrective action plan (CAP) is not completed, the form is left unsigned and the “HOME DOES NOT MEET APPROVAL STANDARDS” box under number three on page two of the SOC 815 must be checked. If a CAP is developed, the required information must be provided in the box on page 2 of the SOC 815. Conversely, when the (prospective) caregiver home meets all standards, page 2 of the SOC 817NMD is completed; item three on page two of the SOC 815 is also completed. Pages three through five of the SOC 817NDM provide guidance and information regarding deficiencies and corrective action plans; page five has an area to make notes or comments.

The SOC 818NMD

The SOC 818NMD form serves the same purpose as the existing SOC 818 in that it elicits for assessment, the (prospective) caregiver’s understanding of and willingness to comply with all applicable FFH Article 3 requirements for care of a NMD.

The form is to be completed by a county child welfare services, probation or tribal agency worker together with the (prospective) caregiver in order to properly assess caregiver ability/suitability for a NMD placement. Like the *SOC 818*, the *SOC 818NMD* form contains statements setting forth identified FFH Article 3 regulations to which the (prospective) caregiver is asked to agree. Each agreement statement must be responded to and the form marked “yes” or “no” depending on the caregiver response; space is provided to record noteworthy comments. Each agreement statement identifies the pertinent regulation. The last page of the form is the signatures page and is where it is indicated that the caregiver does/does not have the ability to provide care to the NMD.

Consistent with the introductory paragraph on page one of the *SOC 818NMD*, a “yes” response to each agreement statement is required to approve the (prospective) caregiver, unless the statement is determined not applicable. The result of the caregiver assessment determined via the *SOC 818NMD* is also indicated in item two on page one of the *SOC 815*.

Availability of Forms

The revised *SOC 815* and the new *SOC 817NMD* and *SOC 818NMD* are available as fillable pdf documents on the California Department of Social Services (CDSS) website at http://www.cdss.ca.gov/cdssweb/FormsandPu_271.htm . A Spanish-language version of the *SOC 818NMD* will be forthcoming; for questions regarding the translated version, please contact CDSS Language Services at (916) 651-8876. To augment the interpretation services provided to relative and NREFM caregivers by the county, a request for translation of the *SOC 818* or *SOC 818NMD* into another language may be made to CDSS; please call the telephone number provided below.

These forms will be available in the Child Welfare Services/Case Management System (CWS/CMS) for uploading as a county template following a forms release in March 2012.

The FFH Article 3 regulations which apply to nonminor dependents are interim licensing standards that have been authorized under Health and Safety Code section 1502.7 as mandated by AB 12. Although they are interim licensing standards, they have the force of regulations. These interim licensing standards will be followed by permanent regulations, which will go through the formal rulemaking process, and be effective in July, 2012. If necessary, a subsequent ACL will be issued to provide additional instruction applicable to the relative/NREFM assessment/approval process and the *SOC NMD* forms based on the final, adopted regulations. The interim regulations can be found at: <http://cclcd.ca.gov/res/pdf/AB12ffhcfh.pdf>.

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If you have any questions about this ACL, please contact the Kinship Care Policy and Support Unit at (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

☐ Minor Dependent ☐ Nonminor Dependent Name _____
Case #: _____ Social Security Number: _____ Birth Date: _____
Caregiver Name: _____

Approval of Family Caregiver Home

Pursuant to the provisions of W&IC Section 319 or 361.45(d)(1), as applicable, I certify that I assessed

Name

Address

the ☐ Relative ☐ NREFM _____
Relationship

of _____; and
Minor Dependent /NMD Name Social Security Number DOB

the ☐ Relative ☐ NREFM _____
Relationship

of _____; and
Minor Dependent /NMD Name Social Security Number DOB

the ☐ Relative ☐ NREFM _____
Relationship

of _____.
Minor Dependent /NMD Name Social Security Number DOB

1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked and cleared or exempted for the caregiver(s), all adults and other non-exempt person(s) living in the home or on the premises, or who have routine/significant contact with a minor dependent child(ren).

- ☐ ALL ADULTS CLEARED/EXEMPTED
☐ NOT CLEARED

2. CAREGIVER QUALIFICATIONS

☐ The above named (prospective) caregiver has been assessed as able to care for and supervise the above named minor dependent child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment (SOC 818) completed and attached.

☐ The above named (prospective) caregiver has been assessed as able to care for and supervise the above named nonminor dependent; Caregiver Assessment (SOC 818 NMD) completed and attached.

☐ CAREGIVER NOT QUALIFIED.

☐ Minor Dependent ☐ Nonminor Dependent Name _____
Case #: _____ Social Security Number: _____ Birth Date: _____
Caregiver Name: _____

3. SAFETY OF THE HOME AND GROUNDS

- ☐ An on-site inspection of the home's building and grounds was conducted on _____ by _____
(Date) (Name)
- ☐ The home is clean, safe, sanitary and in good repair, meeting required licensing/approval standards set forth in MPP 31-445 and Title 22, Division 6, Chapter 9.5, Article 3 of the California Code of Regulations; Checklist of Health and Safety Standards (SOC 817 or SOC 817 NMD as applicable) completed and attached.
- ☐ HOME DOES NOT MEET APPROVAL STANDARDS.

4. PERSONAL RIGHTS

- ☐ Information regarding the personal rights of the minor dependent child(ren) or nonminor dependent has been provided to the (prospective) caregiver who has agreed to provide a copy of that information to any dependent minor child(ren) or nonminor dependent (or the authorized representative where applicable) placed in the home.

5. COMPLETION OF ORIENTATION/TRAINING

- ☐ The (prospective) caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

☐ I certify that the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval as of _____.
(Date)

☐ I certify that as of _____, the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval pending completion of a Plan of Correction.
(Date)

☐ Plan of Correction completed on _____.
(Date)

☐ Plan of Correction not completed by agreed due date.

☐ I certify that the above-named (prospective) caregiver DOES NOT meet the standards for relative or nonrelative extended family member home approval as of _____.
(Date)

Assessment Approval Worker's Signature

(Date)

Assessment Approval County

Supervisor's Signature

(Date)

☐ Minor Dependent ☐ Nonminor Dependent Name: _____

Case #: _____ Social Security Number: _____ Birth Date: _____

Caregiver Name: _____

CRIMINAL BACKGROUND CHECKS

		Temporary Placement (W&IC 309(d)(1); 361.45)			Live Scan Submitted (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45)			Live Scan Received (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45)			Rapback	ICT	Exemptions			
Megan's Law Check/Date	Established Presence In Home	CLETS (309d)	CACI (309d)	CWS/CMS Search (309d)	DOJ	FBI	CACI	DOJ	FBI	CACI	Established	Effective Date Approved by DOJ	Exemption Requested by Applicant	Exemption Approved	Exemption Denied	
Caregiver	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Other Adult																
Adult w/Significant Contact																

☐ Minor Dependent ☐ Nonminor Dependent Name: _____

Case #: _____ Social Security Number: _____ Birth Date: _____

Caregiver Name: _____

OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

	Resided Outside CA Within Last 5 Years		If Yes, Name of Other State(s)	Is Registry Maintained by Other State(s)?		If Yes, Date Requested Other State(s) Info	Date Received Other State(s) Info	Cleared (Date)	Not Cleared (Date)
Caregiver	YES	NO		YES	NO				
Other Adult									
Adult with Significant Contact									

☐ Minor Dependent ☐ Nonminor Dependent Name: _____

Case #: _____ Social Security Number: _____ Birth Date: _____

Caregiver Name: _____

Checklist of Standards for Approval of Family Caregiver Home

Pursuant to Division 31, MPP Section 31-445, in order to be approved, all relative and nonrelative extended family member homes must meet the following standards set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP**
89318	APPLICANT QUALIFICATIONS				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PROCEDURES				
89361/893161	REPORTING REQUIREMENTS				
89370/893170	CHILDREN'S RECORDS/NONMINOR DEPENDENTS' RECORDS				
89372/893172	PERSONAL RIGHTS				
893172.1	EXPECTATIONS, ALTERNATIVES, AND CONSEQUENCES				
89373/893173	TELEPHONES				
89374/893174	TRANSPORTATION				
89376/893176	FOOD SERVICE				
89377	REASONABLE AND PRUDENT PARENT STANDARD				
89378/893178	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379/893179	ACTIVITIES				
89387/893187	BUILDINGS AND GROUNDS				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

**CAP: CORRECTIVE ACTION PLAN MADE

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

Checklist of Health and Safety Standards for Approval of Family Caregiver Home – Nonminor Dependent

Pursuant to Manual of Policies and Procedures Division 31, Section 31-445, in order to be approved, all Relative and Nonrelative Extended Family Member Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

STANDARDS PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or exception is granted, to approve the home for placement.</i>	Yes	No	N/A	*Alternative
§89373 Telephone service shall be readily accessible in the home at all times, unless alternative telephone access is approved and documented.				
§89387(a)(4)-(5) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.				
§89387(a)(10) Each bedroom has sufficient portable or permanent closet and drawer space to accommodate the nonminor dependent's clothing and personal belongings.				
§893187(c)(1) No more than 2 people, including a nonminor dependent and a child, or another nonminor dependent, share a bedroom.				
§893187(c)(3), (A) Each nonminor dependent has an individual bed equipped with a clean mattress and pillow(s) in good repair, and clean linens (blankets, bedspread, sheets, pillow cases and mattress pad).				
§893187(c)(4) A bassinet, crib, or bed that meets the requirements of §89387(a)(9)(A)-(a)(9)(E) is provided for the nonminor dependent's child.				

STANDARDS NOT PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>	Yes	No	N/A	»CAP
§89387(a)(6) Each bedroom has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if equipped with safety release devices.			#	
§89387(b) The home appears to be clean, safe, sanitary and in good repair.				
§89387(c) Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions.				
§89387(h) Yard or outdoor activity space shall be provided free from hazards that endanger the health and safety of a nonminor dependent.				
§89387(j) Home contains at least 1 toilet, 1 sink, and 1 tub or shower maintained in safe, clean operating condition.			#	
§89387(k) Home is maintained at a safe and comfortable temperature at all times.			#	

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

STANDARDS NOT PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>	Yes	No	N/A	»CAP
§89387(l) The nonminor dependent's safety is ensured in homes with fireplaces, open-faced heaters and woodstoves.				
§89387(m) Necessary lighting is provided in all rooms and other areas to ensure comfort and safety in the home.			#	
§89387(n) Hot water from faucets is delivered at a safe temperature.				
§89387(o) Waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.				
§89387(p) Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room.			#	
§893187(d)(1), (3) Each nonminor dependent has access to clean bath linens (towels, hand towels, and wash cloths) and a well-lit desk or table space.			#	
§893187(e) Swimming pools, fixed in-place wading pools, hot tubs, spas, and other similar bodies of water are inaccessible to a nonminor dependent who is developmentally, mentally, or physically disabled or a nonminor dependent parent's child who is under 10 years of age or who is developmentally, mentally or physically disabled. Inaccessibility meets the requirements of §89387(d)(2)(A) through (d)(2)(D) and §89387(e).				
§893187(f) Storage areas of firearms and other dangerous weapons are locked. In lieu of locked storage, the caregiver utilizes trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms.				
§893187(g), (h) Household knives and appliances, medications, and disinfectants and cleaning solutions are stored where accessible to the nonminor dependent while maintaining the safety of the nonminor dependent and others in the home.			#	

* Alternative: Documented Alternative Plan must be attached.

» Correctable Deficiencies: Corrective Action Plan must be attached.

I certify that the home of _____ meets the standards
(Caregiver's Name)

for approval as described in this form.

Signature (County CWS/Probation/Tribal Agency Worker)_____
Date

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

DEFICIENCIES AND PLANS OF CORRECTION

When a violation of health and safety standards is observed, the county or tribal agency worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to the nonminor dependent placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. **Immediate Impact.** A deficiency that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the nonminor dependent. If placement is imminent, correction **MUST BE MADE** prior to placement of the nonminor dependent.
2. **Potential Impact:** A deficiency that without correction could become a risk to the health, safety or personal rights of the nonminor dependent.

Examples of an Immediate Impact Deficiency:For initial approval:

1. Criminal Record Clearance and Child Abuse Index Check: failure to obtain a CLETS clearance and submit a fingerprints or Criminal Record Clearance and Child Abuse Index Check for those individuals who reside in the home or who have frequent and routine contact with the nonminor dependent.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no firearms in areas accessible to the nonminor dependent.
4. Fixtures, Furniture, Equipment and Supplies: toilet not in working condition, unsafe fireplace or heaters that are in use, unsafe water temperature, condition of bedding or towels is unsanitary, furniture is broken and could cause injury if used.

For re-assessment, all of the above, and:

1. Personal Rights: abuse, neglect, inappropriate use of restraints, the use of corporal punishment, and similar violations having a direct negative impact on either the physical or emotional wellbeing, etc. of the nonminor dependent consistent with the provisions of §893172.
2. Food Service: failure to maintain enough food to meet the needs of the nonminor dependent for the next 24 hours.

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

Examples of Potential Impact Deficiencies:For initial approval:

1. Buildings and Grounds: conditions that may have a negative impact on the nonminor dependent if not corrected, such as multiple conditions that indicate an overall deterioration of the home; widespread neglect of maintenance; unsanitary living and food preparation areas.
2. Furniture, Fixtures, Equipment and Supplies: furnishings should be considered as deficient only when they are clearly damaged to the extent they are not functional (e.g., a tear in the seat of a chair vs. exposed springs); no operable sink or shower; inadequate linens.

For re-assessment, all of the above, and:

1. Reporting Requirements: Failure to notify the Department regarding incidents of physical/emotional abuse, death, injury or illness, etc. as required by §893161.
2. Record Keeping: Failure to maintain the nonminor dependent's records as required by §893170.

Plan of Correction

When a county child welfare services or tribal agency worker has determined that a deficiency exists, the proposed caregiver and the worker will discuss each deficiency and develop a plan for correcting each deficiency. If the deficiency is not corrected during the visit, then the plan of correction must be in writing, with a copy provided to the caregiver, and shall include at least the following information:

1. Citation of the regulation section that is violated.
2. Description of the nature of the deficiency.
3. The actions to be taken by the applicant/relative caregiver and the assistance to be provided by the County.
4. The date by which each deficiency shall be corrected.
5. The phone number of the county office responsible for approval of the home.

WHEN THERE IS A NONMINOR DEPENDENT IN THE HOME, THE WORKER MUST REQUIRE IMMEDIATE CORRECTION OF A DEFICIENCY IF THE DEFICIENCY WOULD POSE AN IMMEDIATE THREAT TO THE HEALTH AND SAFETY OF THE NONMINOR DEPENDENT. UNDER THESE SAME CIRCUMSTANCES, IF A NONMINOR DEPENDENT IS NOT IN CARE, AND PLACEMENT IS IMMINENT, CORRECTION SHOULD BE WITHIN 24 HOURS OR LESS, AND BEFORE PLACEMENT IS MADE. OTHERWISE, THE DATE FOR CORRECTING A DEFICIENCY SHALL NOT BE MORE THAN 30 CALENDAR DAYS FOLLOWING THE DATE OF THE VISIT, UNLESS THE WORKER DETERMINES THAT THE DEFICIENCY CANNOT BE CORRECTED IN 30 CALENDAR DAYS; IN THIS CASE, THE WORKER MUST DETERMINE AN APPROPRIATE COMPLETION DATE. *TITLE IV-E IS NOT AVAILABLE UNTIL THE MONTH IN WHICH THE CORRECTIONS ARE COMPLETED AND THE HOME FULLY MEETS THE APPROVAL STANDARDS.*

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

THE CORRECTIVE ACTION PLAN SHALL SPECIFY CORRECTIVE ACTIONS WHICH MUST BE TAKEN WITHIN 30 DAYS OR OTHER SPECIFIED TIME PERIOD AND THE DATE ON WHICH THE CORRECTION(S) WILL BE COMPLETED.

In determining the date for correcting a deficiency, the worker should consider the following:

1. Whether there is a nonminor dependent in care.
2. The potential hazard presented by the deficiency.
3. The availability of equipment or personnel necessary to correct the deficiency.
4. The estimated time necessary for delivery and installation of any necessary equipment.

If a written plan of correction is used, the worker is responsible for ensuring corrections have been completed within the required timeframes.

NOTES/COMMENTS:

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

Relative or Nonrelative Extended Family Member Caregiver Assessment - Nonminor Dependent

All statements below must be answered “Yes” to approve the (prospective) caregiver. When there is a “No” answer, the worker should assess whether the provision of reasonable assistance or additional services to the (prospective) caregiver would enable the (prospective) caregiver to properly respond to the nonminor dependent’s needs, health and safety. If the worker later reassesses the (prospective) caregiver and determines that conditions supporting the “No” answer have changed sufficiently to answer “Yes”, approval may be given at that time.

Responses to the following statements have been assessed by the undersigned.

1. The (prospective) caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet the statutory and regulatory requirements for care and supervision appropriate to the nonminor dependent. [MPP §31-445.141]

☐ Yes ☐ No

Comments: _____

2. The (prospective) caregiver agrees to report to the approval agency by telephone, e-mail, or fax the occurrence of any event listed in Section 893161(b)(1)-(b)(9) within 24 hours after the event occurs to the approval agency and within 7 calendar days provide a written report to the approval agency containing the information in §893161(d). [§893161(b), (c), (d)]

☐ Yes ☐ No

Comments: _____

3. The (prospective) caregiver understands and agrees to maintain records regarding the nonminor dependent, including, but not limited to, name, date of birth, date of placement in the home, discharge information, health and educational records, the written needs and services plan (if provided), and the Transitional Independent Living Plan (TILP). The (prospective) caregiver agrees to allow the nonminor dependent access to these records. [§89370(a)(1), (2) and (4)/893170(a) and (b)]

☐ Yes ☐ No

Comments: _____

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

4. The (prospective) caregiver agrees to assist the nonminor dependent in obtaining and keeping his or her own records, and will give any original or photocopy of those records to the nonminor dependent (or responsible placing agency) when the nonminor dependent permanently leaves the home. [§893170(c) and (d)]

☐ Yes ☐ No

Comments: _____

5. The (prospective) caregiver has been provided with a copy of the nonminor dependent's personal rights contained in Section 893172, understands them, and agrees to ensure that the nonminor dependent is accorded those rights. [§893712(b)]

☐ Yes ☐ No

Comments: _____

6. The (prospective) caregiver agrees to tell and provide a written copy of the personal rights contained in Section 893172 to the nonminor dependent, and to give the nonminor dependent information regarding agencies which the nonminor dependent may contact concerning violations of these rights. [§893172(d)]

☐ Yes ☐ No

Comments: _____

7. The (prospective) caregiver agrees to develop, implement and maintain written expectations, alternatives and consequences for the nonminor dependent residing in the home. The caregiver agrees to give the nonminor dependent an opportunity to review the expectations, alternatives and consequences. [§893172.1(a)(1)]

☐ Yes ☐ No

Comments: _____

8. The (prospective) caregiver agrees to discuss and come to a mutual agreement with the nonminor dependent about reasonable and temporary alternatives or consequences when the nonminor dependent does not meet the expectations for living in the home. [§893172.1(b)]

☐ Yes ☐ No

Comments: _____

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

9. When a nonminor dependent is subject to reasonable/temporary alternatives/consequences, the (prospective) caregiver agrees to inform the nonminor dependent about imposition of alternatives/consequences, discuss the reason(s) for alternatives/consequences, develop a plan for compliance, set a time limit, and document the decision to impose alternatives/consequences. [§893172.1(c)(1)-(c)(5)]

☐ Yes ☐ No

Comments: _____

10. The (prospective) caregiver understands that a nonminor dependent may have a personal landline or cellular telephone, and/or a personal computer for Internet access in the home, upon arrangement with the caregiver. If the caregiver subscribes to an Internet service, the caregiver agrees to make that service accessible to the nonminor dependent. [§893173]

☐ Yes ☐ No

Comments: _____

11. When the nonminor dependent requests the caregiver to provide transportation, the (prospective) caregiver agrees to utilize a vehicle that is in safe operating condition. [§89374(a)/893174(d)]

☐ Yes ☐ No

Comments: _____

12. The (prospective) caregiver agrees to provide the nonminor dependent with access to at least three nutritious meals daily, between meal snacks, and any special dietary needs of the nonminor dependent; afford the same quantity and quality of food available to all household members; and, invite the nonminor dependent to participate in all household meals. [§89376(a), (a)(1), (b)/893176(b)]

☐ Yes ☐ No

Comments: _____

13. The (prospective) caregiver agrees to allow the nonminor dependent access to all meal preparation areas, appliances, and utensils for meal preparation and provide opportunities for the nonminor dependent to plan meals, grocery shop, and store and prepare food. [§893176(c)]

☐ Yes ☐ No

Comments: _____

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

14. The (prospective) caregiver is aware of the nonminor dependent's emotional, behavioral, physical, medical, and educational needs and is able and agrees to provide care and supervision as necessary to meet the needs of the nonminor dependent. [§893178]

☐ Yes ☐ No

Comments: _____

15. The (prospective) caregiver agrees to assist the nonminor dependent with developing skills needed for self-sufficiency, such as those skills listed in Section 893178(c). [§893178(c)]

☐ Yes ☐ No

Comments: _____

16. The (prospective) caregiver understands that the nonminor dependent is not required to provide care and supervision to minors in the home, but may do so only as an occasional short-term babysitter when the nonminor dependent is of sufficient maturity, experience and ability. [§893178(e)]

☐ Yes ☐ No

Comments: _____

17. The (prospective) caregiver agrees to encourage the nonminor dependent to seek, select and maintain permanent connections with family and other caring, committed adults of the nonminor dependent. [§893178(g)]

☐ Yes ☐ No

Comments: _____

18. The (prospective) caregiver understands the nonminor dependent shall be entitled to participate in activities of his or her own choosing. [§893179(b)]

☐ Yes ☐ No

Comments: _____

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

19. The (prospective) caregiver agrees to allow the nonminor dependent access to information about vocational and postsecondary educational options and emancipation programs. If requested by the nonminor dependent, the (prospective) caregiver agrees to assist the nonminor dependent with information about career requirements and salary; internet career searches; community sponsored career, volunteer or internship events and opportunities; and, THP-Plus, THP-Plus Foster Care, and supervised independent living placements (SILPs).

[§893179(c)]

☐ Yes ☐ No

Comments: _____

Additional Comments:

Nonminor Dependent Name: _____ Case Number: _____

Caregiver Name: _____

RELATIVE or NREFM CAREGIVER DECLARATION AND AGREEMENT

I/We declare that:

1. I/We have been provided with a summary of the state regulations regarding the approval and operation of a relative or nonrelative extended family member foster home and agree to abide by them. _____ (Caregiver Initial)
2. I/We agree to cooperate with the county in the maintenance of caregiver standards. _____ (Caregiver Initial)
3. I/We have been provided with a copy of the nonminor dependent's personal rights and understand them and agree to ensure that all members of the household will abide by them. _____ (Caregiver Initial)

I/We have not and will not make any false or misleading statements associated with application for approval, including information regarding the caregiver, family members, family home, or any of the services to be provided in the home.

Caregiver Signature_____
Date_____
Caregiver Name (Print)_____
Caregiver Signature_____
Date_____
Caregiver Name (Print)**Assessment Summary:**

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to the nonminor dependent.

☐ Yes ☐ No

Signature of County CWS or Probation Worker_____
Phone Number_____
Date